

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

12799
State File No. 1974
Registrar's No.

FILED MAY 15 1948
Registration District No. 149

Primary Registration District No. 1001

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: General Hospital No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 mos. 5 days
(Specify whether
In this community 8 years
years, months or days)

3. (a) PRINT FULL NAME Nellie Newlin
3. (b) If veteran, name war XX
3. (c) Social Security No. 509-18-1975
4. Sex Fe / 5. Color or race Wh
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Henry I. Newlin
6. (c) Age of husband or wife if alive 46 years
7. Birth date of deceased March 5 1904
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
44 2 2 hr. min.

9. Birthplace Onaga Kansas
(City, town, or county) (State or foreign country)
10. Usual occupation Housewife

11. Industry or business
12. Name John Barton Thompson
13. Birthplace Greely Kansas
(City, town, or county) (State or foreign country)
14. Maiden name Amey W. Dennis
15. Birthplace Onaga Kansas
(City, town, or county) (State or foreign country)
16. (a) Informant Henry I. Newlin
(b) Address 2417 Benton Blvd.
17. (a) Removal (b) Date thereof 5-9-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Onaga, Kansas
18. (a) Signature of funeral director J. M. Wagner
(b) Address Kansas City, Mo.
19. (a) 5-8-48 (b) Thereldine Holmes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 2417 Benton
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 7
year 1948 hour 10 minute F. M.
21. I hereby certify that I attended the deceased from
March 2 19 48 to May 7 19 48
that I last saw her alive on May 7 19 48
and that death occurred on the date and hour stated above.
Immediate cause of death Carcinoma of the Duration
Cervix

Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy See above
PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? (Specify type of place) (e) Means of injury
23. Signature W. W. Hart (M. D. or other)
Address Med. Dir. Gen'l Hosp. Date signed 5-8-48

Dr. Tervet

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Alvin R. Haunschild

Licensed Embalmer No.....

4159

P. O. Address.....

Kansas City Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.